BEHAVIOR CONTRACT

This document is designed to be used for students who have been removed from class 2 times for being disruptive or are receiving a suspension that counts towards designation as habitually disruptive. The purpose of this document is to address the reasons for the student’s disruptive behavior and educational needs so that the student can remain enrolled in school. This plan will be jointly completed by administrator (or designee), **student, student’s parent/guardian**, mental health staff, and faculty involved with student.

Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Birthdate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Special Ed: Yes \_\_\_\_\_ No \_\_\_\_\_\_

Student ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \*If Yes attach Behavior Plan

Grade: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Participant (s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Identify three strengths or contributions that the student brings to school:

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2.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| Description of the Behavior of Primary Concern: |
| \_\_\_ Classroom disruption \_\_\_ Disrupting school activities  \_\_\_ Excessive tardiness \_\_\_ Harassment – including sexual harassment  \_\_\_ Bullying \_\_\_ Use of profanity or vulgarity  \_\_\_ Verbally Inappropriate \_\_\_ Fighting/physical aggression  \_\_\_ Scholastic dishonesty \_\_\_ Destruction or theft of school property, including graffiti  \_\_\_ Theft \_\_\_ Possession of alcohol or unauthorized(but legal)drugs, or illegal drugs  \_\_\_ Under the influence of drugs or alcohol  \_\_\_ Unlawful sexual behavior, unlawful sexual contact, and indecent exposure  \_\_\_ Use of cell phones, Gameboys and similar electronics devices at unauthorized times  \_\_\_ Other school misconduct \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

How often does the behavior occur? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How long does the behavior last? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

When/where does the behavior occur? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What risks to student/staff safety does the behavior pose? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| What events may prompt the behavior? |
| \_\_\_ Issues with peers \_\_\_ Structured time \_\_\_ Academic challenges  \_\_\_ Negative social interactions \_\_\_ Unstructured time \_\_\_ Activity too long  \_\_\_ Socially isolated \_\_\_ Reprimands/corrections \_\_\_ Not able to get teacher’s attention  \_\_\_ Task too challenging \_\_\_ Physical demands  \_\_\_ Task not challenging enough  \_\_\_ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| What is the function or goal of the behavior? | |
| Things that are obtained  \_\_\_ Adult attention \_\_\_ Money/ tangible things  \_\_\_ Peer attention \_\_\_ Preferred activity  \_\_\_ Play/ entertainment \_\_\_ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Things avoided or escaped  \_\_\_ Hard tasks \_\_\_ Peer attention  \_\_\_ Reprimands \_\_\_ Physical effort  \_\_\_ Adult attention \_\_\_ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

When is the behavior most often exhibited? Are there any observed patterns? (time of day, type of task, setting, etc.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Describe observed skill deficit, if present. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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What interventions have been tried? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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What supports has the parent/guardian provided?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Intervention(s) planned: When creating the intervention, please refer to predictors and functions of behavior*.

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| **Intervention 1:** |  |
| What strengths does the student have to support this intervention? |  |
| What skills does student need to be able to follow through with intervention? |  |
| Who will be responsible to teach student those skills? |  |
| What are the incentives to help motivate success? |  |
| What is the criterion that success will be judged? |  |
| Who will communicate plans to teachers, review plan, and monitor progress? |  |
| What is the timeline for evaluation outcomes? |  |
| What will the school consider if the behavior continues beyond the timeline? |  |
| What intervention or services will parents provide? (at their expense) |  |

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| **Intervention 2:** |  |
| What strengths does the student have to support this intervention? |  |
| What skills does student need to be able to follow through with intervention? |  |
| Who will be responsible to teach student those skills? |  |
| What are the incentives to help motivate success? |  |
| What is the criterion that success will be judged? |  |
| Who will communicate plans to teachers, review plan, and monitor progress? |  |
| What is the timeline for evaluation outcomes? |  |
| What will the school consider if the behavior continues beyond the timeline? |  |
| What intervention or services will parents provide? (at their expense) |  |

Signatures: Role: Date: Signatures: Role: Date:

1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 3.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 4.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_